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APPLICANTS

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** CONTINUING DATA *****

none - Rdy

** FOREIGN APPLICATIONS *****

none - Rdy

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 12/16/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 20	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>Roy D. Gibson</i> Initials				

ADDRESS

20686
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TITLE

Medical device having integral traces and formed electrodes

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)

750

☐ 1.18 Fees (Issue)☐ Other _____☐ Credit